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DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I hereby declara!

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CEND CORRESPONDENCE	TO: CUSTOMER NUMBE	H 000110			
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DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural

inventors are named below) of the invention entitled: AUGMENTATION	OF K+ CHANNEL EXPRESSION USING ADENOVIRAL
VECTORS	or the original by the solon soling Abendania
the specification of which [check one(s) applicable]	
X was filed as U.S. Application and was amended by Amendment filed (if a	No
and was amended by Amendment filed (if a is attached to this Declaration, Power of Attorney and Power to Inspect;	applicable); [or];
that I have reviewed and understand the contents of the above-identi referred to above; and $% \left(1\right) =\left(1\right) +\left(1\right)$	fied specification, including the claims, as amended by any amendmen
that I acknowledge my duty to disclose information which is materia [37CFR§1.56(a)].	al to the examination of this application in accordance with Rule 56(a
CLAIM UNDER 35 USC §119(e): I hereby claim the benefit under 35 USC §1	19(e) of any United States provisional applications listed below:
Provisional Application No. Filing	Date
Day/M	o/Year
60/413,911 27 Se	eptember 2002
POWER OF ATTORNEY: As inventor, I hereby appoint DANN, DORFMAN, Hindividual(s) as my attorneys or agents with full power of substitution to prosecute Office connected therewith: Kathleen D. Rigaut, Ph.D. Reg. No. 43,047, Pa	this application and to transact all business in the Patent and Trademar
POWER TO INSPECT: I hereby give DANN, DORFMAN, HERRELL AND SK power to inspect and obtain copies of the papers on file relating to this applicat	
SEND CORRESPONDENCE TO: CUSTOMER NUMBER 000110.	
DIRECT INQUIRIES TO: Kathleen D. Rigaut ,Ph.D., J.D. Telephone: (215) 563-4100 Facsimile: (215) 563-4044	
I hereby declare that all statements made herein of my own knowledge are true be true; and further that these statements were made with the knowledge that imprisonment, or both, under Section 1001 of Title 18 of the United States Code application or any patent issued thereon.	willful false statements and the like so made are punishable by fine o
SOLE OR FIRST JOINT INVENTOR	SECOND JOINT INVENTOR
Full Name Stephen L. Archer	Full Name Evangelos D. Michelakis
First Middle Last	Full Name <u>Evangelos</u> <u>D. Michelakis</u> First <u>Middle</u> Last
Signature	Signature
Date	Date
Residence Edmonton, Alberta Canada City State or Country	Residence Edmonton, Alberta Canada City State or Country
Citizenship Canada	Citizenship Greece
Post Office Address:	Post Office Address:
45 Olsen Close	507 Byrne Crescent
Edmonton Alberta Canada T6R 1L1	Edmonton Alberta Canada T6W 1E2
City State or Country Zip Code	City State or Country Zip Code